MISSOURI	STATE	<b>BOARD</b>	OF	HEALTH				
BUREAU OF VITAL STATISTICS								

1. PLACE OF DEATH  COMEY MY COUNTY BENEFIT ON Primary Benefit on Management of the County of the Cou		•	CERTIFICAT	E OF DEATH		ADAE
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City Manuel Courter of the Court of the Cour		Township Guel	Primary Registration	District No. 1217	Registered No	· · ·
2. RULL NAME OF BATHER CITY OR TOWN)  2. RULL NAME OF FATHER CITY OR TOWN)  2. RULL NAME OF STATISTICAL SARTICULARS  3. SEX  4. COLOR OR RACE  5. SMEEL MARKING, WOOMED OR DIVORCED (entir the word)  7. AGE  8. OCCUPATION OF DECEASED  8. OCCUPATION OF DECEASED  9. RULL SARTICULARS  8. OCCUPATION OF DECEASED  9. RULL SARTICULARS  10. AGE  10. AGE  11. BIRTHPLACE (CITY OR TOWN)  12. MAIDEN NAME OF FATHER CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. ROSINGER OF COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. BIRTHPLACE OF MOTHER (CITY OR TOWN)  17. RULL SARTICULARS  18. WHERE WAS DECEASED RATHER CITY OR TOWN)  19. PLACE OF BURNAL CREMENT ACCEPTANCE OF CARRA, STATE  10. AND OTHER CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. PLACE OF BURNAL CREMENT ACCEPTANCE OF BURNAL (CAPTOR SARTICULAR)  14. ROSINGER OR COUNTRY  15. PLACE OF BURNAL CREMENT ACCEPTANCE OF BURNAL (CAPTOR SURVAL OR CAPTOR SARTICULAR)  16. ROSINGER OR COUNTRY ACCEPTANCE OF BURNAL (CAPTOR SARTICULAR)  17. PLACE OF BURNAL CREMENT ACCEPTANCE OF BURNAL (CAPTOR SARTICULAR)  18. WHERE WAS DECEASED RATHER ACCEPTANCE OF BURNAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMENT ACCEPTANCE OF BURNAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMENTAL OR CAPTOR SARTICULARS  19. PLACE OF BURNAL CREMATION, OR REMOVAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMATION, OR REMOVAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMATION, OR REMOVAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMATION, OR REMOVAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMATION, OR REMOVAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMATION, OR REMOVAL (CAPTOR SARTICULAR)  19. PLACE OF BURNAL CREMAT		City (No		1 € 1 ←	St.	
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(B) General nature of industry, business, or establishment to which employer (or employer)  (C) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER CLARAC CULYUS  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. PLACE OF BURIAL CREMATION, OR REMOVAL - OTHER OF BURIAL (Address)  16. PLACE OF BURIAL CREMATION, OR REMOVAL - OTHER OF BURIAL (Address)  17. PLACE OF BURIAL CREMATION, OR REMOVAL - OTHER OF BURIAL (Address)  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BURIAL, CREMATION, OR REMOVAL - OTHER OF BURIAL (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL - OTHER OF BURIAL (Address)  20. UNDERTAKER  ADDRESS	0.	(a) Trade, prolession, or	مہ	162	(durglion)	
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13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OF COUNTRY)  14. INFORMANT JULY JULY 110  (Address)  15. DERMAN CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Howicidal. (See reverse side for additional space.)  14. INFORMANT JULY JULY 110  15. PLACE OF BURIAL CREMATION, OR REMOVAL - DATE OF BURIAL (Address)  16. JULY 110  17. DERMAN CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Howicidal. (See reverse side for additional space.)  16. JULY 110  17. DERMAN CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Howicidal. (See reverse side for additional space.)  16. JULY 110  17. DERMAN CAUSENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Howicidal. (See reverse side for additional space.)  16. JULY 110  17. DERMAN CAUSENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Howicidal. (See reverse side for additional space.)	ξ		7 ····	WHAT TEST CONFIRMED TAKEN	The see	0 /
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## Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer -- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation,) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.,) "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," State cause for "PUERPERAL peritonitie," etc. which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.